

Early Intervention

Methodology and Results of an Evidence-based Literature Review on the Effect of Occupational Therapy Interventions on Play, Education, Self-care, and Social Participation for Children with Autism Spectrum Disorder

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Children with disabilities have participated in Head Start programs since at least 1972. The Performance Standards assert that all eligible children with disabilities are to be included in the full range of activities provided to all Head Start children. An increasing number of the children with disabilities are being diagnosed with autism spectrum disorder (ASD) and can present unique challenges for parents and educators. Many of these children receive Occupational Therapy services to support their inclusion and participation. In Head Start and other early childhood settings, occupational therapy practitioners help children develop important learning and developmental skills in order to perform daily life activities, or “occupations.” This is accomplished through facilitation of social and emotional skills development, motor development, emergent literacy, and the development of adaptive and self-care skills.

Head Start has long emphasized full inclusion of children with disabilities. However, being in the same classroom does not automatically make a child with a disability a valued member of the group. Head Start must create environments that are responsive to the diverse needs of all children. Because children with disabilities have unique needs, they often require additional services and support, such as occupational therapy, if they are to be fully included.

Occupational therapy practitioners develop best practices based on 1) the individual client needs and interests, 2) their own professional experience and expertise, and 3) the research evidence on intervention effectiveness. Using research evidence to guide clinical decision-making has become increasingly necessary as consumers, payers, and other professionals are more cognizant of the importance of evidence-based practices. In occupational therapy practice, often the “evidence” for specific interventions comes from trials completed by researchers in other disciplines that fit within the scope of occupational therapy practice.

This review examined the effectiveness of occupational therapy interventions in the areas of play, self-care, social participation and education for children with ASD. Fifteen bibliographic databases were searched, and 17,440 citations were screened. Forty-nine articles from peer-reviewed journals were included in the review. The results of the review were grouped into two categories. The first category included those studies evaluating the effectiveness of comprehensive models that direct occupational therapy practice for children with autism. The second category incorporated studies evaluating the effectiveness of specific interventions currently provided by occupational therapy practitioners. The results indicate that many of the comprehensive interventions used by occupational therapists in collaboration with interdisciplinary teams demonstrate positive effects for children with ASD. In addition, clinical trials have demonstrated that specific interventions used by occupational therapy practitioners

are effective. For example, children with ASD who have sensory processing disorders appear to benefit from approaches that include sensory-based interventions. Since occupational therapists select from a broad range of interventions in order to individualize treatment to best meet the child's needs, a comprehensive review of the literature was needed. Because of the broad range of interventions and programs reviewed, this review, along with implications for practice and research, has relevance to teachers and other team members working collaboratively with young children with ASD.

Early Head Start and Access to Early Intervention Services: A Qualitative Investigation

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Children in poverty are at greater risk for disabilities or developmental delays, yet they are less likely to receive early intervention services (Benasich, Brooks-Gunn & Clewell, 1992; Children's Defense Fund, 2000; Hanson & Carta, 1995). Early Head Start (EHS) programs, therefore, devote considerable resources to helping multi-risk families navigate the service systems (Peterson et al, 2004; Wall, 2002).

This qualitative study of 32 infants or toddlers with developmental delays or disabilities explored three questions (a) did participation in EHS increase early intervention services, (b) what were the EHS family phases of access and (c) how did EHS help the families obtain access (Wall et al, 2005)? The sample was drawn from a cohort of 150 infants in low-income families who were randomly assigned to program and control groups. The study was conducted over a 6-year period within the framework of a national evaluation of Early Head Start programs (Administration on Children, Youth and Families [ACYF], 2001a, 2001b).

For this study, a child was determined to have a disability if one of the following criteria were met: the child had an Individual Family Service Plan, had been referred to early intervention, had been identified as needing a referral to early intervention, had received services for an identified or suspected delay, or the research team had recommended referral based upon the BSID (Bayley, 1993) administered at 14, 24 and 36 months (score of 77 or below). By 3 years of age, 32 had a suspected or confirmed disability or developmental delay (19 EHS group, 13 control group). Chi square analyses showed no significant differences between the groups for reported diagnosed conditions or biological risks at baseline or developmental delays at first assessment. While the families varied by race, chi square analyses revealed no significant differences for mother's race, age, education, or marital status.

In-depth, open-ended interviews of mothers and EHS staff were integrated with data from the national EHS evaluation, EHS program records, and local interviews. Each case had one or two in-depth interviews depending on when the disability was first suspected. The number of cases analyzed varied by research question: all 32 families were analyzed for question one, only the 19 EHS families were analyzed for question two, and 3 of the EHS families were further analyzed for question three.

EHS participation positively impacted early intervention services: more EHS families than control families contacted Part C and persisted through the process. Four nonlinear phases were identified for EHS families: meeting unmet basic needs, developing knowledge of child development, becoming aware of atypical or delayed development, and accessing early intervention. Case studies illustrate the barrier risks and the partnership and collaborative elements of how families obtained services.

Individualized and intensive support provided by EHS helped low-income, multiple risk families overcome the barriers to obtaining early intervention services. Study implications include: the need for cross referrals, collaboration and integration, for user-friendly services, for service coordinators, for access to the welfare safety net, and for flexibility to meet the needs of diverse clients.

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